

Pharmacy Administration - Prior Authorization / Exception Form

CoOportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.

Prescriber: Please complete Patient, Provider and Requested Therapy sections.

For questions please call HealthPartners at 800-492-7259. Incomplete submissions will be returned and may delay review.

FAX to 1-888-883-5434

| FAX 10 1-888-883-5434 | | | | | | |
|--|---|----------------------|----------------------------|-------------------------------|-------------------|--|
| ıt | Last Name | First | | MI | | |
| Patient | Date of Birth | | Insurance ID # | | | |
| | Patient Address | | | | | |
| Provider | Today's Date | | Clinic Name | | | |
| | Provider Name (FIRST and LAST) | | Clinic Address | | | |
| | Specialty | | Telephone # | Telephone # | | |
| | Contact Person | | Fax # | | | |
| | Federal Tax ID (only needed for medications given in-clinic) | | Recommended by Con Name | nsultant? Yes No Specialty | | |
| Requested Therapy | Drug Requested | Requesting "DAW" Y N | Dose Schedule | Duration of | f Therapy Desired | |
| | Diagnosis/Clinical Information Previous Therapies & Outcomes | | | | | |
| coOportunityHealth Preferred Drug List (Formulary), Prior Approval and Medical Coverage Criteria are available at www.coOportunityHealth.com | | | | | | |
| HealthPartners Review Determination | | | | | | |
| APPROVED DENIED Per Medical Director | | | | | | |
| Note from HealthPartners | | | | | | |
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Last updated 11/22/2013